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7590 03/30/2005				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
R Lee Fraley		OIP	E			_		
Snell & Wilmer LL	P	/6	- 4g	I here	Ce ov certify that th	rtificate of Ma his Fee(s) Tran	iling or Tran smittal is bei	ismission ng denosited with the United
One Arizona Cente	=		المرا	States	Postal Service	with sufficient	postage for fi	ng deposited with the United irst class mail in an envelope s above, or being facsimile
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Phoenix, AZ 85004		B. JUN 1	3 1000 111			Ann Will		(Depositor's name)
		0971 0 488	¥		AP (y 17.00	J. *	(Signature)
01 FC:2501	700.00 DA	* TRAD	EMARKS			1 m . 9	2005	(Date)
APPLICATION NO.	02 FC:8001 30:00 BA			FIRST NAMED INVENTOR		ATTORNEY I		CONFIRMATION NO.
09/710,488	11/10/2000		. Wong		J		5333	
TITLE OF INVENTION: METHOD AND SYSTEM FOR ERGONOMIC ASSESSMENT AND REDUCTION OF WORKPLACE INJURIES								
						order Excel in	130Kills	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FI		TOTAL FE	E(S) DUE	DATE DUE
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EXAMINER		ART UNIT		CLASS-SUBCLASS		01 FC:2501 02 FC:8001		0.00 DA
STARKS, WILBERT L		2129		706-0	706-050000		30). 00 DA
1. Change of correspondence CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1. Snell & Wilmer L.L.							
Change of correspond Address form PTO/SB/12	or agents OR, alternatively;							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				3	
	DECIDENCE DATA TO D	E DROITED ON T		•	1			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in						nee is identified	i below, the	document has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Ergonomic Technologies Corporation Syosset, New York								
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
₽ Issue Fee				A check in the amount of the fee(s) is enclosed.				
Publication Fee (No si		Form PTO-2038						
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2814 (enclose an extra copy of this form).				
5. Change in Entity Status	(from status indicated above	e)						oop) or ano totally.
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.								
The Director of the USPTO in NOTE: The Issue Fee and Puinterest as shown by the reco	is requested to apply the Issuablication Fee (if required) vords of the United States Pate	ne Fee and Publicat will not be accepted ent and Trademark	ion Fee (if an I from anyone Office.	y) or to re-app other than the	y any previousl applicant; a reg	y paid issue fee istered attorney	to the applic or agent; or	cation identified above. the assignee or other party in
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